

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY

FORM C/OH
COVER SHEET PG 1

2002 JUL 12 PM 12:13

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR LAWRENCE G.
NICKNAME LAST SUFFIX
ROMO

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2906 WoodKnoll
San Antonio, TX 78251
☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR JOHNNY
NICKNAME LAST SUFFIX
REYES JR.

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7585 Ingram Rd # 308 San Antonio, TX
78251

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 681-0080

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder on)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
01/05/02 THROUGH 07/01/02
06/30/02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05/03/03
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

District 6, City Council

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Lawrence G. Romo

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

2002 JUL 12 PM 12:14

OFFICE OF THE CLERK OF THE TEXAS ETHICS COMMISSION

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1,330.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

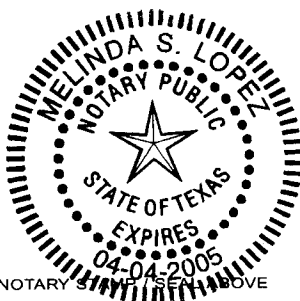
4112.50

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Larry Romo, this the 12th day of July, 20 02, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

[Signature]
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

4
MAR
02

5 Full name of contributor

☐ out-of-state PAC (ID#)

CLAUSS Heide

6 Contributor address: City: State: Zip Code

3126 MANILA DR
SAN ANTONIO, TX 78212

7 Amount of
contribution (\$)

\$30.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Vice-President

10 Employer (Optional)

Dean Steel

Date

4
MAR
02

Full name of contributor

☐ out-of-state PAC (ID#)

Herb KRIESE

Contributor address: City: State: Zip Code

2923 HUNTERS STREAM
SAN ANTONIO, TX 78230

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired

Employer (Optional)

Date

4
MAR
02

Full name of contributor

☐ out-of-state PAC (ID#)

YOLANDA ALVARADO

Contributor address: City: State: Zip Code

7718 LOUIS PASTEUR
SAN ANTONIO, TX 78229

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Chief Officer of Marketing

Employer (Optional)

Champs Medical

Date

17
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

DR WILLIAM HARMON

Contributor address: City: State: Zip Code

7811 BRAUN CIRCLE
SAN ANTONIO, TX 78250

Amount of
contribution (\$)

\$40.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Principal

Employer (Optional)

McNAIR 6th Grade School

Date

17
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

Art Fagen

Contributor address: City: State: Zip Code

323 BURNSIDE DR
SAN ANTONIO, TX 78209

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

17
MAY
02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Daniel Pozza

6 Contributor address; City; State; Zip Code

19107 Autumn Garden
San Antonio, TX 78258

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

Attorney

10 Employer (Optional)

Date

17
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Gaylor

Contributor address; City; State; Zip Code

4114 Antlers Lodge Road
San Antonio, TX 78251

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Retired

Employer (Optional)

Date

20
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

John Tosh

Contributor address; City; State; Zip Code

307 Vestal
San Antonio, TX 78221

Amount of contribution (\$)

\$35.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Retired

Employer (Optional)

Date

20
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

Calvin Allen

Contributor address; City; State; Zip Code

700 Wood Ct
San Antonio, TX 78228

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Airline Pilot

Employer (Optional)

Date

22
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

Belisario Flores

Contributor address; City; State; Zip Code

1 Towers Park Lane #813
San Antonio, TX 78209

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Retired

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

22
MAY
02

5 Full name of contributor

☐ out-of-state PAC (ID#)

DANIEL MAJERUS

6 Contributor address; City; State; Zip Code

8722 Timberbriar
SAN ANTONIO, TX 78250

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Retired

10 Employer (Optional)

Date

28
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

LARRY D. ALLEN

Contributor address; City; State; Zip Code

4230 Misty Glade
SAN ANTONIO, TX 78247

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Customer Service Tech

Employer (Optional)

World Com

Date

28
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

LORRAINE TAYLOR & TIM TAYLOR

Contributor address; City; State; Zip Code

3125 SAN LUIS DR
COLORADO SPRINGS, CO 80909

Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Marketing & Airline Pilot

Employer (Optional)

Date

28
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

Wendy Klein

Contributor address; City; State; Zip Code

1296 Horseshoe Bend
Mt Pleasant, SC 29464

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Military

Employer (Optional)

Date

28
MAY
02

Full name of contributor

☐ out-of-state PAC (ID#)

MARK LOCKWOOD

Contributor address; City; State; Zip Code

6322 Village Park
SAN ANTONIO, TX 78250

Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Lawrence G. Romo</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>30 MAY 02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Ralph Pena</i> 6 Contributor address; City; State; Zip Code <i>324 Quentin Dr San Antonio, TX 78201</i>	7 Amount of contribution (\$) <i>\$200.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional) <i>Retired</i>		10 Employer (Optional)	
Date <i>3 JUN 02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charles HERRERA</i> Contributor address; City; State; Zip Code <i>3039 Nancy Carole Way San Antonio, TX 78223</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Retired</i>		Employer (Optional)	
Date <i>3 JUN 02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>TERRI STALP</i> Contributor address; City; State; Zip Code <i>721 NAS Dr Corpus Christi, TX 78448</i>	Amount of contribution (\$) <i>\$100.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>CO-Owner</i>		Employer (Optional) <i>F&T Body Shop</i>	
Date <i>3 JUN 02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cosme Barcelo</i> Contributor address; City; State; Zip Code <i>7934 Hender Circle</i>	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Retired</i>		Employer (Optional)	
Date <i>15 JUN 02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alex Anchibald</i> Contributor address; City; State; Zip Code <i>11714 Abbey Way San Antonio, TX 78253</i>	Amount of contribution (\$) <i>\$25.00</i>	In-kind contribution description (if applicable)
Principal occupation (Optional) <i>Retired</i>		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
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1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

15
Jun
02

5 Full name of contributor ☐ out-of-state PAC (ID#)

LAURA Hernandez

6 Contributor address; City; State; Zip Code

7343 Roveen Trail
San Antonio, TX 78244

7 Amount of
contribution (\$)

\$40.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

17
Jun
02

Full name of contributor ☐ out-of-state PAC (ID#)

Peter LAZANDIS

Contributor address; City; State; Zip Code

16935 Brookwood
San Antonio, TX 78248

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Retired

Employer (Optional)

Date

26
Jun
02

Full name of contributor ☐ out-of-state PAC (ID#)

Bob Carlson

Contributor address; City; State; Zip Code

563 Elizabeth
San Antonio, TX 78209

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Bank Officer

Employer (Optional)

Broadway Bank

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2007 JUL 12 PM 12:14

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date
*2
Apr
02*

5 Payee name
United States Postal Service

6 Payee address; City: State: Zip Code
*702 Richland Hills
San Antonio, TX*

8 Amount (\$)
\$112.50

7 Purpose of expenditure (See instructions regarding type of information required.)
Postage stamps

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED